PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD							ays a valid OMB	control number.
Substitute for Form PTO-875						170	High di Ogestesia	786
CLAIMS AS FILED - PART I							OTUE	D THAN
(Column 1)			Column 2)	SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR BASIC FEE	NUMBER FILE	D NUM	BER EXTRA	RATE	FEE	]	RATE	~
(37 CFR 1.16(a))					,	1	KAIE	FEE
TOTAL CLAIMS (37 CFR 1.18(c))	minus	20 = •		X 5		OR		<u> </u>
INDEPENDENT CLAIMS (37 CFR 1.18(b))	minus					OR	× 5=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))				X \$	<del> </del>	OR	X7	
	+3=	<b> </b>	OR	+5:=				
If the difference in column 1 is less than zero, enter "O" in column 2.				TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								
1-27-6 (Column 1) (Column 2) (Column 3)						OR	OTHER	THAN
CLAIMS		HIGHEST	(Column 3)	SMALL	SMALL ENTITY		SMALL ENTITY	
1   K	EMAINING AFTER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL	,	RATE	ADDI- /
Total •	MINUS MINUS	PAIDFOR	-		FEE			TIONAL FEE
	Minus	1.00		x s=		OR	X \$=	
≥		ک "	= /	x \$=		OR	X \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1(d))					7	OR		
1,10,16				+s =	-/-		TOTAL	
, , ,	olumn 1)	(Catama - 2)	<b>(2.1</b> a)	ADD'L FEE		OR .	ADD'T FEE	
0//	CLAIMS	(Column 2) HIGHEST	(Column 3)		<del></del>			
. I // a - /   KE	MAINING AFTER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADD4
Yotal -	ENDMENT Minus	PAID FOR	<del>  </del>		FEE			TIONAL FEE
Q7 CFR 1.18(c)) Z Independent	76 Minus	20	0	x s=		-OR	x s=	
W Total O AMI		3_		X 5		OR	X \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))						OR	+ \$=	
				FOTAL ADD'L FEE		OR L	TOTAL	
(Co	dumo 1)	(Cotumn 2)	(Column 3)			OR	ADD'L FEE	
	LAIMS MAINING	HIGHEST				r	<del></del>	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	VFTER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI-
Total AME	NDMENT Minus	PAID FOR	2		FEE	.		TIONAL FEE
O (37 CFR 1.16(c))  Z Independent  UI (37 CFR 1.16(b))	Minus	•••		X \$=		OR	x s=	
\$				X \$=		OR _	x <b>s</b> =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))						OR	+ 5 =	
TOTAL ADDI FEE							TOTAL	
If the entry in column 1 is less than the entry in column 2, write '0' in column 3.								
"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".								

This "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.